

|                 |                              |
|-----------------|------------------------------|
| Interview Date: | Processing Time: :HR<br>:MIN |
| Approval:       | Action Taken:                |
| Interviewer:    | Computer Entry:              |

# PRE-COMPLAINT QUESTIONNAIRE - RALPH CIVIL RIGHTS ACT

The information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer only those questions that apply.

PLEASE PRINT

DATE

|  |  |        |   |                         |     |
|--|--|--------|---|-------------------------|-----|
| NAME<br>(First) (Middle) (Last)                                    |  |        | SEX<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE                          |                         | AGE |
| ADDRESS<br>(Number and Street) (Apt. #) (City) (County) (ZIP Code) |  |        |   |                         |     |
| TELEPHONE NUMBERS AND AREA CODES<br>HOME ( )                       |  | (Ext.) | DO YOU PREFER TO BE CONTACTED AT: <input type="checkbox"/> HOME <input type="checkbox"/> WORK |                         |     |
| WORK ( )   |  |        | PREFERRED TIME  | PREFERRED DAYS          |     |
| NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED                 |  |        |   | TELEPHONE NUMBER<br>( ) |     |

1. I WISH TO COMPLAIN AGAINST THE FOLLOWING PERSON:

|   |  |        |                         |
|---|--|--------|-------------------------|
| NAME  |  | TITLE  | TELEPHONE NUMBER<br>( ) |
| ADDRESS<br>(Number and Street)                      |  | (City) | (County) (Zip Code)     |
| LOCATION OF ALLEGED INCIDENT<br>(Number and Street) |  | (City) | (County) (Zip Code)     |
| DATE OF THE ALLEGED INCIDENT: _____                 |  |        |                         |

2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:

|   |                                |   |  |  |                              |
|---|--------------------------------|---|--|--|------------------------------|
| <input type="checkbox"/> RACE   | <input type="checkbox"/> COLOR | <input type="checkbox"/> POSITION IN A LABOR DISPUTE          | <input type="checkbox"/> SEX                             | <input type="checkbox"/> SEXUAL ORIENTATION                              | <input type="checkbox"/> AGE |
| <input type="checkbox"/> RELIGION _____<br>(Please Specify)                 |                                | <input type="checkbox"/> DISABILITY _____<br>(Please specify) |  | <input type="checkbox"/> POLITICAL AFFILIATION _____<br>(Please specify) |                              |
| <input type="checkbox"/> NATIONAL ORIGIN/ANCESTRY _____<br>(Please specify) |                                |   | <input type="checkbox"/> OTHER _____<br>(Please specify) |  |                              |

3. WERE THE ACTS OR THREATS OF VIOLENCE RELATED TO YOUR:

|                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> HOUSING | <input type="checkbox"/> OTHER _____<br>(Please specify) |
|-------------------------------------|----------------------------------|--|

4. HAVE YOU REPORTED THESE INCIDENTS TO ANYONE (e.g., civil agency, government agency, the police, etc.)? ☐ YES\* ☐ NO

|   |  |
|---|--|
| *IF "YES," GIVE NAME                                  | TELEPHONE NUMBER<br>( )                            |
| ADDRESS<br>(Number and Street) (City) (Zip Code)      |  |
| CONTACT PERSON  | WHAT HAS THIS PERSON DONE FOR YOU ON THIS PROBLEM? |
| ANY ACTION TAKEN? (Please explain.)<br>_____<br>_____ |  |

|  |                |                |
|--|----------------|----------------|
| <b>5. LIST THE NAMES AND TELEPHONE NUMBERS (IF POSSIBLE) OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT:</b> |                |                |
| NAME   | HOME TELEPHONE | WORK TELEPHONE |
|  | (    )         | (    )         |
|  | (    )         | (    )         |
|  | (    )         | (    )         |
|  | (    )         | (    )         |
|  | (    )         | (    )         |

**6. DESCRIBE THE WAYS YOU HAVE BEEN INJURED BY THE INCIDENT. PLEASE ITEMIZE MONEY DAMAGES. (For example, time lost from work, etc.)**

**7. DESCRIBE IN DETAIL WHAT HAPPENED, INCLUDING DATES, PLACES, NAMES OF PEOPLE INVOLVED AND ANY SPECIFIC STATEMENTS YOU CAN RECALL. (Use extra sheets of paper if necessary.)**

**8. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?**

**9. DO YOU PLAN TO TAKE THIS MATTER TO COURT?**    ☐ YES    ☐ NO    ☐ UNDECIDED

**DO YOU HAVE AN ATTORNEY?**    ☐ YES    ☐ NO

|                             |                            |
|-----------------------------|----------------------------|
| NAME OF ATTORNEY            | TELEPHONE NUMBER<br>(    ) |
| ADDRESS (Number and Street) | (City) (Zip Code)          |

**10. I LEARNED ABOUT THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING FROM:** *(Be specific)*

**11. PERSONAL DATA:**

|   |                                     |
|---|-------------------------------------|
| RACE/ETHNICITY (Check box that best describes) <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander (specify) _____<br><br><input type="checkbox"/> African-American <input type="checkbox"/> African – Other <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic (specify) _____ | PRIMARY LANGUAGE<br>_____           |
| SOCIAL SECURITY NUMBER: _____<br><small>(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)</small>  | DATE OF BIRTH<br>____ / ____ / ____ |
| SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female  |                                     |

DO NOT WRITE IN THIS AREA  
INTERVIEWER'S NOTES

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Complainant's assertions:

What does Complainant say will be the Respondent's position?

Comparative data/relevant information:

Complaint taken for investigation: Yes \_\_\_\_ No \_\_\_\_

If taken, additional remedy information:

If not taken, rationale:

Complainant advised of statute of limitations? Yes \_\_\_\_ No \_\_\_\_

Date statute runs: \_\_\_\_\_

Complainant advised of other agencies? Yes \_\_\_\_ No \_\_\_\_

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FOR OFFICIAL USE ONLY

DFEH CODE: LAW \_\_\_\_ BASIS \_\_\_\_ ACT \_\_\_\_ REJECT \_\_\_\_ PUBLIC \_\_\_\_

DFEH-600-05 (01/03)